



Maryland

## SDAT CORPORATE CHARTER DIVISION

## Expedited Request by Fax Cover Sheet

**Note:** All faxed filings and requests are expedited and an expedited filing surcharge beyond the processing fee applies to each request. See Fee Schedule at <http://www.dat.state.md.us/sdatweb/FEES.pdf> for the appropriate fees or e-mail the division at [sdat.charterhelp@maryland.gov](mailto:sdat.charterhelp@maryland.gov) or telephone for new filings only 410-767-1340, for all other calls 410-767-1350.

Fax all requests to **410-333-7097**

Please type or print legibly, you may also fill this form out on your pc.

Name of entity: \_\_\_\_\_

Fax number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Number of pages transmitted: \_\_\_\_\_

Contact person: \_\_\_\_\_

Name and address for return mail: \_\_\_\_\_

**SERVICE REQUESTED** Check all that apply.**NEW ENTITY FILING** ☐ **File document** ☐ **Return original document** Note a \$5.00 fee applies to this service☐ **Certified copies of document being filed** \_\_\_\_\_ **Number of certified copies**☐ **Short form Certificate of Status** \_\_\_\_\_ **Number of certificates****RECORD REQUEST**

Department ID number \_\_\_\_\_

Entity name \_\_\_\_\_

☐ **Certificate of Status for existing entity** \_\_\_\_\_ **Number of certificates**☐ **Copies of documents previously recorded**

Attach separate sheet and specify: the name and title of each document; the date of recording, if known; liber and folio, if known; the number of copies wanted for each document.

**This transaction will not be accepted without the following:****CREDIT CARD INFORMATION****MASTERCARD****VISA** (At this time we only accept Mastercard and Visa)

Cardholder's name \_\_\_\_\_

Credit card number \_\_\_\_\_

Billing address and zip code \_\_\_\_\_

Expiration date \_\_\_\_\_ 3 Digit security code \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

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